

# Hong Kong Association of Rehabilitation Medicine (HKARM)

2012 Annual Scientific Meeting & Workshops

**Date: 29 Sep 2012**

## Registration Form

Title: Mr./ Ms.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mobile number: \_\_\_\_\_ Hospital/ Unit: \_\_\_\_\_

HA Employee Number (if applicable): |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

e-mail: |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

Registration	HKARM Member	Non-HKARM Member
Workshop 1: <b>Diagnostic and Interventional Ultrasound of the Shoulder and Knee Joint</b> <small>(Suitable for Rehab trainees and doctors interested in pain management)</small>	\$100 <input type="checkbox"/>	\$400 <input type="checkbox"/>
Workshop 2: <b>Pain Rehabilitation Workshop for Professionals</b> <small>(Suitable for doctors, nurses, allied health, clinical psychologist and other professionals interested in pain management)</small>	\$50 <input type="checkbox"/>	\$200 <input type="checkbox"/>
Annual Scientific Meeting	Free <input type="checkbox"/>	\$100 <input type="checkbox"/>
<b>TOTAL</b>		

*Please make cheque payable to "Hong Kong Association of Rehabilitation Medicine" and send to the following address.*

Bank: \_\_\_\_\_ Cheque No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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